

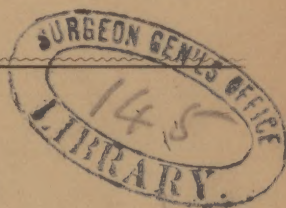
Smith (Stephen)

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THE CARE OF HEALTH AND LIFE  
IN THE  
STATE OF NEW YORK.

*A Statement transmitted to the Legislature of New York  
recommending that a State Board of Health be established.*

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✓  
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# THE CARE OF HEALTH AND LIFE

## IN THE

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Five millions of people in the State of New York are interested in all that protects life and improves the public health. In these 5,000,000, we may include the vast numbers who are ever visiting our State from other parts of the world.

It is said that this is the only State in the Union that has no public registration of the signal epochs of human lives, namely, of births, marriages and deaths. This fact is quoted to the discredit of the State. The voluntary registration which is made of the first two epochs, and the carefully exact records of death, in the city of New York and in two or three other cities in this State, have already proved that such accounts current of the lives of the people, are no less necessary to sanitary interests than to social and economic welfare. No one will deny that a correct knowledge of the causes of mortality and of the preventable diseases is important, and that the State should cause faithful registration to be made concerning every life and death. Only in the three or four cities just mentioned are such records even provided for, and in no community can they be complete except by the provisions of a general statute that shall apply to the entire State.

It is now a demonstrated fact, that more than a third of all the deaths and fully half of the sickness which the people suffer are preventable. Even the last census in our State, showed that more than a fourth of all the mortality in the State during the census year was caused by the five most preventable diseases. Though New York is naturally one of the most favored States, there are urgent reasons why this populous Commonwealth should provide for these interests of life and health of the people. How best to begin to do this is a question which every legislator should consider and every thoughtful citizen should ask. The following facts will throw some light upon this question, by showing what is most needed, and what the best experience has proved to be most practicable and useful.

#### WHAT IS NEEDED.

1. The entire State, even the remotest hamlet and neighborhood, needs to be protected against the causes of disease and mortality which spring up unawares from sources that no family or individual may with any certainty be able alone to prevent or restrain. Smallpox, enteric typhoid fever, diphtheria, adulterated or poisonous ingesta, polluted or infected water-supplies, infected parcels, etc., are among the common sources of danger in unsuspected ways. The still more common dangers are such as are disregarded and unsuspected in polluted wells and neglected nuisances or such as result from undrained premises, obstructed sewers and cesspools, miasmatic places, unventilated assembly-rooms, foul emanations or poisonous gases. The most valued lives, fathers, mothers, pupils at school, travelers and various classes of persons, who have duties away from home, as well as at home, are frequently exposed to sources of unsuspected danger to life and health where there is no central care and advice and no local intelligence and supervision in regard to the *public health*.

2. Special and general intelligence is needed in all communities concerning avoidable and hidden causes as well as in regard to seen or known sources of danger to life and health; and as 'what is everybody's business is nobody's, there must be some kind of official surveillance, correspondence, inspection and instruction throughout the entire State, and there should be useful co-operation among sanitary officers of cities and villages to aid in the duties which the State thus owes to the people.



3. The value of health and increased vigor and usefulness of human life is so great, that all the resources of sanitary knowledge and the latest advances of science ought to be brought to bear to incite the people to apply such knowledge and to adopt the most useful sanitary improvements and regulations in their neighborhoods and homes ; and this would require some central efforts and methods on the part of the State.

4. The State needs to require that there shall be an exact and officially attested account given of every death among the people, and that not only the death records, but the birth and marriage records shall be officially filed and publicly registered. Families and individuals, as well as the Commonwealth and the nation, have a deep and mutual interest in such a faithful registry of vital statistics.

5. Finally, the whole State needs that health and life shall be made more secure by sanitary protection everywhere in the State ; that the local authorities and the masses of the people shall be well informed and duly incited to duty in regard to the laws of life and health, and the means of sanitary improvement ; that various general and specific improvements and sanitary measures, especially such as tend to prevent disease and mortality from causes which individuals and families singly may not be able to control, should be facilitated and made successful by the aid and ever ready information which a central body may give ; especially that such aid shall be ever at the command of every citizen and community, concerning the best means of immediate protection from perils to health, and in regard to matters of sanitary drainage, sewage disposal, wholesome water-supplies, the means of healthfulness in dwellings and institutions, and in the various trades and occupations ; and that the inhabitants of every portion of the State, shall be so informed and incited in regard to the duties and means by which health and welfare are promoted and protected, that prosperity and happiness shall be greatly increased among all classes of the people.

For these reasons and the immeasurable benefits they imply to the State and to individuals, the Legislature is respectfully urged to frame and enact a suitable law for the establishment of a State Board of Health and Vital Statistics.

#### LATEST AND BEST EXPERIENCE IN STATE METHODS.

Twenty States have enacted laws for the establishment of a Central or State Board of Health. Massachusetts organized such a Board in 1869. The nineteen other States that have followed this example have sought to attain the objects we have here mentioned ; each has found it necessary to bring the subject of Vital Statistics under the supervision and advice of the State Board of Health, and each is now charged with the duty of aiding and advising with local sanitary officers, especially in the necessary inquiries into preventable causes of sickness and mortality, the application of scientific resources for the protection of life, and the improvement of the public health. Several of the State Boards have accomplished a vast amount of such useful work already. For example, in Massachusetts nearly a hundred different subjects affecting the interests of life and health in the State have been so investigated as to confer great public benefit. The distinguished Senator from Berkshire county, (Hon. Mr. Plunkett), who championed the organization of that Board because he believed typhoid fever could be prevented and consumption greatly diminished, said that in the first few years of the Board's work it had produced results of greater value in single villages of his own county than the entire cost of the Board from its beginning.

NOTE CONCERNING SENATOR PLUNKETT'S REASONS.—This Hon. Senator had the public confidence of the legislature and people as a far-seeing and rigid economist. Mrs. Plunkett had studied the sad record of neglected and unseen causes of a deadly outbreak of enteric or typhoid fever at the Maplewood Seminary in Pittsfield during the war. Fifty-six cases and nearly twenty deaths occurred ; and the pupils sent to other hamlets and homesteads infected them before they died. She had learned

Similar results have been witnessed in Michigan, Minnesota, New Jersey, Wisconsin and Illinois, where the Central Boards of Health have done a great amount of good work. In Connecticut, Rhode Island, Tennessee, Alabama, North Carolina, Mississippi, Colorado and California the State Boards of Health are likewise doing excellent work. Delaware, Louisiana, Virginia, Kentucky and Texas have also begun similar efforts.

The results of these labors show that in each State the medical profession, civil engineers, naturalists, teachers, and the managers of organized industries heartily support the State Board of Health and encourage the organization and duties of local Boards. In the brief period of a few years the results of such work of the Boards in Michigan, Wisconsin and some other States have been to greatly increase the security of health in all the cities and villages, and generally to reduce the death-rate year by year. In the States above mentioned the first efforts were directed to securing local sanitary regulations and good local Boards, and to bringing about a faithful registration of vital statistics and an exact method of certifying the causes of death. Instructions, explanations, the publication of brief reports on the leading sanitary questions of the times, and the skilled investigation of particular subjects which most affect the public health, have been the methods adopted by these Boards. One of the Boards has, in seven years, investigated and reported upon upwards of sixty subjects, and the legislature during that time enacted twelve important laws to give practical effect to great improvements which the people required as a result of those investigations. The investigations related to the *improvement of local sanitary government, the prevention of pollution of water-supplies, the system of records of mortality, nuisances and noxious trades, homes for the poor, adulterated and deleterious foods and beverages, school-room hygiene, the vending of poisons, the propagation and neglect of contagious pestilences, the local sources of fatal diseases, the avoidable causes of consumption*, and numerous subjects equally as important as these.

This work, so worthy of enlightened States and philanthropic and spirited people, is now going forward more successfully than ever. Representatives of fifteen State Boards of Health convened at Richmond in 1878, and nearly all the Boards were gathered in Conference at the National Meeting in Nashville a few weeks ago. Not only are these Boards co-operating in good work for the public health, but the National Board of Health expresses the opinion that no one of the States should longer neglect to establish its own central Board of Health and vital Statistics, for national as well as State and local interests require it. England, Belgium, Germany, France and Italy are carrying into effect their great local sanitary improvements under the stimulus and counsels of central organization. Each State in the Union may, like England, encourage and energize the local governments, in its municipalities and towns, still leaving to each locality the duty of working out its own improvements, as the National Board has shown that the States of the Union must do as regards the National health. In such local and municipal sanitary organization the city of New York has already taken the lead among the great cities of the world. Brooklyn, Utica, Rochester, and a few other cities in the State have organized their local sanitary work quite successfully, and all of these good beginnings are great gains to the general sanitary system which the State requires.

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from Dr. Bowditch that most of the cases of consumption are owing to local causes,—damp grounds, wet cellars and sloughs and undrained premises, as well as want of sunlight and suitable food. She laid these facts before her husband. He procured the action required, on the ground of pure economy. The medical profession and public men had sought in vain for the same result on the score of duty and humanity. Senator Plunkett went for the saving and enhancing of life's value and the public security of health, and he succeeded.



## BRIEF SUMMARY OF INFORMATION CONCERNING THE STATE BOARD OF HEALTH.

States.	Date of Organization.	Total cost of Each Board to the States.	Works and Duties undertaken.
Alabama.....	1875	\$3,000.....	State and local organization—Investigation, Advice.
Arkansas.....	1879	Contingencies.....	Quarantine, &c. against Yellow Fever, (By Gov'r and the State Med. Society.)
California.....	1870	\$2,000 and upwards.....	Vital Statistics. Inspection, organization. Advice and investigations.
Colorado .....	1876	\$500 and printing.....	State and County organization. Investigations.
Connecticut ...	1878	\$1,400 (\$3,000 allowed and printing).....	Vital Statistics, organization. Investigation and advice.
Delaware.....	1879	\$200 and printing.....	" " " "
Georgia.....	1875	\$1,500 (none this year)....	" " " "
Illinois.....	1877	\$7,926 and printing.....	" " " "
Kentucky.....	1878	Contingencies.....	Vital Statistics and organization of the Sanitary Service.
Louisiana.....	1871	Quarantine Revenues.....	Vital Statistics. Quarantine and advice. (Organized under Acts of 1868, 1871 and 1877) chiefly for New Orleans.
Massachusetts..	1869	\$4,000 to \$9,000 & printing.	Organization, inspection, researches, Vital Statistics, surveys & advice.
Maryland.....	1875	\$2,000 and printing.....	" " " "
Michigan.....	1871	\$3,500 to \$4,000 & printing	" " " "
Minnesota.....	1872	\$1,500 and printing.....	" " " "
Mississippi....	1878	Contingencies.....	" " " "
New Jersey....	1877	\$2,000 to \$4,000 & printing	" " " "
North Carolina,	1879	\$200, and printing. Counties pay local costs.	" " " " Sanitary service of public institutions.
Rhode Island..	1878	\$1,400 and printing.....	Organization, investigation and advice and full control of Vital Statistics
Tennessee.....	1878	\$1,000 and printing.....	Organization, inspection, researches and advice.
Texas.....	1879	Salary of State Health Officer, and printing.....	Quarantines and inspection. A State Health Officer as executive.
Virginia.....	1872	No funds.....	Organization, advice, and reports only.
Wisconsin.....	1876	\$3,900 and printing.....	Vital Statistics; researches & advice.

## THE ESTIMATED LOSSES OF LIFE.

In anticipation of the question that legislators and the people may ask in view of so great an improvement in public care of life and health throughout the State, it is proper to mention that the cost to the State for the work of such a Central Board will be small, and that the twenty State Boards now in operation are maintained at a total cost of less than \$50,000 exclusive of Quarantine expenses, and that no State expends upon and by its Board of Health more than about \$5,000 per million of population. That all classes are benefitted by the services of these Boards and that all alike need the protection and other benefits they confer is obvious from the fact that the causes of sickness and mortality which are preventable make their attacks secretly and strike down the most precious and valued lives as well as those of poor and vicious classes. The five diseases mentioned as destroying more than a fourth of all who died in the last census year, desolated the homes of culture and affluence as wantonly as those of the poor and dependent; while it has ever proved fearfully certain that the most preventable of those diseases find their way by their fatal infec-

tion, to the community at large. Typhoid or enteric fever, diphtheria, scarlatina, smallpox and most of the local causes of consumption are public enemies which assail all ranks, and these five destroyers were charged with 17,710 deaths in our State, out of the 53,860 total mortality the last census year. We quote these numbers as the census gives them. The deficit in the enumerated numbers is estimated to be at least 40 per cent. That is we here give only 60 per cent. of the actual number of deaths. (See comments on the deficit, Ninth National Census; *Mortality*, page x.)

#### DO SANITARY IMPROVEMENTS PAY?

Is the question asked, "Do sanitary improvements pay?" or "Does it pay to have a State Board of Health?" there are abundant evidences, from experience, to warrant the reply, "They repay all costs a thousand fold." Let the merely nominal value of human lives be weighed against such expenditures by a State, and what do we find? Certainly we find that the lowest average cash cost or value of a child at the age of ten years exceeds \$500; and that at the age of twenty years, \$1,000 is the very lowest estimated cash value or cost of the average human being. Even the children in asylums and refuges, or when boarded out, cost from \$100 to \$150 per child each year; or from \$1,000 to \$1,500 at ten years of age.

In the city of New York, under sanitary reforms that have been achieved in the midst of great disadvantages during the past twelve years, the annual rate of mortality has fallen steadily. The Registrar of Vital Statistics shows, in his summary of ten years' experience that, "not only has the death-rate decreased, but that the greatest gain to life has occurred at those periods when life has its greatest value to families and the world," that is to say, in its most active years. This has resulted directly from the success in controlling sources of danger which sanitary science points out and helps subdue.

The preventable destruction of life is public wrong and a waste, as well as a synonym of misery and personal misfortune. "Health is the poor man's fortune" and it is a nation's strength. The recent war which destroyed 800,000 precious lives, caused far less pauperism and weakness in the Republic than the loss of still another 800,000 lives by preventable disease and pauperizing sicknesses since the war was ended. It is estimated that upward of 700,000 years of individual human life are every year destroyed by preventable deaths in the State of New York. Over 70,000 years of effective human life are likewise annually wasted and lost by sickness.

Vital losses exceeding 770,000 useful years in the active periods of life are thus wasted in the State of New York every year; (we employ the formulas which apply in the State of Massachusetts,\*) and whatever may be the cash value of such lost life and health in active periods, it cannot be counted as being much less than \$50,000,000.

This is the least of the real losses. The impairment of health and manly vigor, the degeneration of families and their successive generations as well as the growth, genesis and entailment of pauperized or disordered lives; the misery of households and communities, and the grief and wailing which the waste of life causes, must all be measured if the cost and penalties of neglect of the care of life and health are to be correctly estimated.

Medical observations and the studies of causes of personal and family misfortune and of the burdens which our communities and the State together bear and pay for, all go to show that "Health is Wealth," as Benjamin Franklin said in aphorism, and that it is not a matter of mere philanthropy and sentiment, but a sense of duty that makes physicians and other educated classes advocate the establishment of a State

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\* Political Economy of Health. By DR. EDWARD JARVIS, in Fifth Annual Report of the Mass. State Board of Health.

The average age at death falls ten years short of what it should be; 70,000 and upwards die in a year, failing to have filled up the full time they ought to have lived, by 700,000 years.



Board of Health for the Empire State of the Union in which already there are twenty States with Central Boards of Health. The National Board of Health now, before the end of its first year, calls public attention to the fact that "A State Board of Health, with adequate powers, is a *first necessity*," and that "one of the results of the work of the State Board is the organization of Local Boards."

In the proposed Act now before the Legislature of N. Y., the provision for a consulting and advisory relation of the Central with the local, sanitary or other authorities is a special feature. So, also, is the provision for one commissioner from each of three large cities where there are local health commissioners. These several provisions, together with the duty of devising and superintending the State system of Vital Statistics appear to be prudently devised in the N. Y. State Board of Health Bill. The policy by which it is proposed to incite local sanitary care and improvement, without unnecessary interference but always with ready information and co-operation, will be found judicious. A responsibility of the State Board for faithful work in the duties specifically assigned to it, especially in gathering and diffusing information, systematic and faithful sanitary investigation and the maintenance of a State system of Vital Statistics will necessarily lead to a most useful alliance of the sanitary authorities and all the best classes of people to insure and share the results of this benign public service in the interests of Life and Health.

The outlines of an excellent project of law to establish such a Central Board of Health are before us, and in view of the evidence that this is a Bill fit to be enacted into a Statute, it is earnestly commended it to the legislature.